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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000080195 (9)

R.G. REAL ESTATE HOLDING, INC. 1 Mailing Address Principal Place of Business 1287 COVERSTONE CT. 1287 COVERSTONE CT. OLDSMAR FL 34677 OLDSMAR FL 34677 3a. Date of Last Report 3. Date Incorporated or Qualified 11/15/1993 04/24/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3215522 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Gamma$ Trust Fund Contribution Added to Fees 23 28 Ζıρ Country 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DEVITO, JAMES A Street Address (F.O. Box Number is Not Acceptable) 62 6830 CENTRAL AVE. 83 SUITE A ST. PETERSBURG FL 33707 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE (NOTE: Flegistered Agent signature reduced when reliistating) Signature, typed or printed name of registered agent and little if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1. 1 TITLE TITLE RAMA, STEVEN A 1.2 NAME CR2E034 NAME 628 BLUFF VIEW DR. 1.3 STREET ADDRESS STREET ADDRESS BELLEAIRE BLUFFS FL 34640-1313 1.4 CHY - ST - ZIP CITY - ST - ZIP DELETE 2.1 TiTLE Change Add tion TITLE GOLDMAN, BERNARD 2.2 NAME NAME 2100 BOCA WEST DR. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33434-9990** CHY-ST-ZIE 24 CITY - ST - 7-P DELETE Change ☐ Addition 3 1 111LE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - \$1 - ZIP CITY-ST-ZIP DELFTE ☐ Addition TITLE 4.1 THEF NAME 4.2 NAME 500001732095 4.3 STREET ADDRESS STREET ADDRESS -03/05/36 --01022 4.4 CITY - ST - ZIP CITY - ST - Z/P DELETÉ 5 1 TITLE \*\*\*200.00 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY+ST-ZIP 011Y-S1-7iP Change Addition ☐ DELETE 6 1 TITLE TIME 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - St - ZiP CHTY+S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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